LOYOLA UNIVERSITY MARYLAND
Academic Advising and Support Center
4501 N. Charles Street
Baltimore, MD 21210-2699

New Student Full-Time Registration/Advising Form

(Please used Adobe Reader when filling out form)

LAST NAME	FIRST NAME	MIDDLE NAME

STUDENT ID#	SOCIAL SECURITY	GRADUATION YEAR	START TERM
			Fall 2020

CODE CATEGORY	CODE	CODE DEFINITION
MARYLAND RESIDENT:		Y = YES N = NO
MARYLAND COUNTY, IF YES		
GENDER:		M = MALE F= FEMALE
BIRTH DATE:		
ETHNICITY *(Choose one)*		HIS = HISPANIC/ LATINO NHS = NON-HISPANIC/LATINO
RACE: *(Enter all Applicable)*		AN = AMERICAN INDIAN/ALASKA NATIVE AS = ASIAN BL = BLACK/AFRICAN AMERICAN HP = NATIVE HAWAIIAN/OTHER PACIFIC WH = WHITE
U.S. CITIZEN		Y = YES N = NO IF "NO", CITIZEN OF:
ARE YOU ON A VISA?		Y = YES N = NO: IF "YES", VISA TYPE:
STUDENT DIRECTORY:		DO YOU WISH YOUR NAME, ADDRESS, ETC., PUBLISHED? Y = YES N = NO
RELIGION:		B = BUDDHISM; C = CATHOLICISM; H = HINDUISM; I = ISLAM; J = JUDAISM; O = CHRISTIAN ORTHODOX; P = PROTESTANTISM; A = OTHER
INTENDED MAJOR:		SPECIALIZATION ( )
ENTERING STATUS:		N = NEW STUDENT R = RE-ENTERING STUDENT T = TRANSFER STUDENT E = EXCHANGE

ADDRESS INFORMATION PROVIDE PARENT/GUARDIAN AND ANY OTHERS WHICH DIFFER FROM IT

STUDENT PERMANENT ADDRESS		BILLING NAME
		ADDRESS *(IF DIFFERENT FROM PERMANENT AND PARENT)*
CITY, STATE, ZIP, COUNTRY		CITY, STATE, ZIP, COUNTRY
TELEPHONE	CELL PHONE	TELEPHONE/CELL PHONE

PARENT/GUARDIAN FULL NAME(S)	LOCAL ADDRESS *(OFF CAMPUS ONLY)*		
ADDRESS *(IF DIFFERENT FROM PERMANENT ADDRESS ABOVE)*	TOWNHOUSE/APT. COMPLEX NAME *(if applicable)*	START DATE (MDY)	END DATE (MDY)
	ADDRESS		APT. #
CITY, STATE, ZIP, COUNTRY	CITY, STATE, ZIP		
TELEPHONE/CELL PHONE(S)	LOCAL TELEPHONE		

IF PARENTS LIVE SEPARATELY, SEND DUPLICATE MAILING TO BOTH ADDRESSES LISTED ABOVE ☐ YES ☐ NO